

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

0562

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6	1						56						
7							57						
8	1						58						
9		1					59						
10		2					60						
11	1						61						
12		1					62						
13		1					63						
14		3					64						
15		3					65						
16		3					66						
17	1						67						
18		1					68						
19		2					69						
20	1						70						
21	1						71						
22		1					72						
23		2					73						
24		2					74						
25		2					75						
26	1						76						
27		1					77						
28		2					78						
29		2					79						
30	1						80						
31		1					81						
32		1					82						
33		3					83						
34		3					84						
35	1						85						
36		1					86						
37		2					87						
38		2					88						
39		2					89						
40	1						90						
41		1					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	49						TOTAL DEP.						
TOTAL CLAIMS	61						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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